

Mobile & Manufactured Home Replacement (MMHR) Program
Checklist for Housing Trust Fund Corporation (HTFC) Grant Agreements

Submit the following to execute the Grant Agreement:

- Two (2) original signed copies of the Grant Agreement
 - Designation of Depository for Direct Deposit of Funds Form
 - Authorized Signature Form
 - Proof of Insurance coverage
 - Certificate of Incorporation and the filing receipt (Not applicable for municipalities)
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Grant Agreement

Sign two (2) copies of the Grant Agreement and return both as part of the full package.

Grant Agreement includes three schedules:

- Schedule A – Summary of Awarded Activities & Project Accomplishments
Schedule A is a summary of the approved program budget, activities, proposed accomplishments and a description of the target area or project site. Notify Housing Trust Fund Corporation (HTFC) if information is incorrect.
- Schedule B – Administrative Plan & Budget
Schedule B includes the Administrative Plan and full budget worksheet prepared at the time of application.

Designation of Depository for Direct Deposit of Funds Form

This form is available online, here: <http://www.nyshcr.org/Forms/MMHR/>

Authorized Signature Form

This form is available online, here: <http://www.nyshcr.org/Forms/MMHR/>

- Certification: Enter the name and title of the representative authorizing the signatures.
- This representative may not also be an individual authorized to sign disbursement requests. This certification must be signed and dated at least one day after the form has been completed and each authorized signatory has signed and dated the form.

Proof of Insurance coverage

The Grant Agreement outlines the required insurance documentation.

- **General liability insurance**
Coverage in a minimum amount of one million dollars. The certificate must name both the State of New York **and** the Housing Trust Fund Corporation as additional insured.
- **Automobile insurance**
If the awarded organization is not required to carry automobile insurance, provide a letter from the board explaining why the organization is exempt from carrying this coverage.
- **Workers' compensation coverage**
If the awarded organization is not required to provide workers' compensation coverage,

documentation of exemption is required. A certificate of attestation of exemption from NYS Workers' Compensation coverage may be required.

- **Disability benefit coverage**

If the awarded organization is not required to carry disability insurance, documentation of exemption is required. A certificate of attestation of exemption from disability insurance may be required.

Certificate of Incorporation and filing receipt

Not-for-profit organizations must provide a copy of the organization's Department of State Certificate of Incorporation and filing receipt. The organization name shown on the grant agreement must match the Certificate of Incorporation.

All funds must be expended and the project completed within the term noted in the Grant Agreement.

Beyond contract execution, the next step is the Environmental Review.

Environmental Review

Prior to the commitment or expenditure of MMHR funds, the environmental effects of each activity must be assessed in accordance with the NYS Environmental Quality Review Act (SEQR). Grant recipients must submit the HTFC Environmental Compliance Checklist and Program Description Form, and develop appropriate, program-specific environmental review procedures. The required forms, as well as a step-by-step Environmental Compliance Checklist Handbook, are available online, here: <http://www.nyshcr.org/Forms/MMHR/>

Housing Trust Fund Corporation will issue a notice to proceed following the submission of complete and accurate Environmental Review documents.



New York State
Housing Trust Fund Corporation

MMHR Program
Project or SHARS # 2016XXXX

ACH/DIRECT DEPOSIT AUTHORIZATION

Instructions:

- Type all requested information, hand written forms will not be accepted.
- Attach a voided or canceled check with the recipient organization name imprinted to verify account ownership.

PART 1: Payee Identification

Payee Name			
Payee Email Address		Payee Phone Number (with area code)	
Street Address	City	State	Zip Code

WARNING: Federal law prohibits HTFC from processing international ACH transactions (IAT). If any payment to you from HTFC will result in an IAT under National Automated Clearing House Association's operating rules or if you are unsure if the rules apply to you, **DO NOT COMPLETE THIS FORM.**

Please initial in the box to the right to indicate you have read the above warning. If you fail to initial here, direct deposit will not be approved.

PART 2: Financial Institution Information

Name of Financial Institution	Account Number									
Name on Account	Account Type <input type="checkbox"/> Individual/Consumer <input type="checkbox"/> Commercial (Corporation, Partnership, etc.)									
Nine Digit Routing Number										
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PART 3: Authorization

I authorize HTFC to deposit payments by electronic funds transfer (ACH) into the above referenced account. I acknowledge that if I fail to provide complete and accurate information on the authorization form, processing of this form and payments may be delayed.

Authorized Signatory	Title	Date
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AUTHORIZED SIGNATURE FORM FOR DISBURSEMENT REQUESTS

Updated Information

Program Name _____

Recipient Name _____

SHARS ID Number _____

Mailing Address _____

Contact Person (Name & Phone #) _____

Disbursement Requests require *(check one)*

ONE Signature
(recommended)

TWO Signatures

Persons Authorized to Sign Request for Funds: At least one employee must be authorized to request funds for the contract identified above.

Up to four individuals may be authorized to sign disbursement requests.

1. _____
Signature Date

Name Title

2. _____
Signature Date

Name Title

3. _____
Signature Date

Name Title

4. _____
Signature Date

Name Title

CERTIFICATION

The certifying representative may not sign this document prior to obtaining the signatures of individuals authorized above to sign requests for funds. The certifying representative may not be authorized above to sign requests for funds.

I certify that the signature(s) shown above are the legal signature(s) of those representative authorized by the recipient organization to sign requests for HTFC funds from the Office of Community Renewal.

Signature of certifying representative

Date (must be later than above dates)

Name

Title

Certification must be signed by a separate individual - not one of four above. Certification signature must be dated at least one day later.

(05/2016)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/22/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER [REDACTED] [REDACTED] [REDACTED] NY [REDACTED]	CONTACT NAME: [REDACTED]	FAX (A/C, No): [REDACTED]	
	PHONE (A/C, No, Ext): [REDACTED]	E-MAIL ADDRESS: [REDACTED]	
INSURED [REDACTED] Ave. [REDACTED] NY [REDACTED]	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	[REDACTED]	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: CL162202163 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			[REDACTED]	5/8/2015	5/8/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 HAULT \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ INJURY (Per person) \$ INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ CURRENT \$ DATE \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Auto coverage, Workers' Compensation coverage and Disability coverage are also required. All can be shown on this certificate, or on separate certificates.

Both Housing Trust Fund Corporation and NYS must be identified specifically as additional insured.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101)
Additional insured funding source. [REDACTED]

Housing Trust Fund Corp. and State of New York are included as additional insured as required in a written contract or agreement; to wit, [REDACTED]

CERTIFICATE HOLDER Housing Trust Fund Corporation & New York State 38-40 State St. Albany, NY 12207	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE [REDACTED]